

AO 435 AZ Form (Rev. 10/2018)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
1. NAME Cindy Schmidt		2. PHONE NUMBER 504-589-9700		3. DATE 10/22/2018	
4. FIRM NAME Barrasso, Usdin, Kupperman, Freeman & Sarver					
5. MAILING ADDRESS 909 Poydras Street, 24th Floor		6. CITY New Orleans		7. STATE La	8. ZIP CODE 70112
9. CASE NUMBER 2:15-md-02641		10. JUDGE David Campbell		DATES OF PROCEEDINGS 11. 10/04/2008 (closings) 12.	
13. CASE NAME In re Bard IVC Filters Products Liability Litigation (Hyde)		LOCATION OF PROCEEDINGS 14.		15. STATE Arizona	
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input checked="" type="checkbox"/> OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		October 2018		<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		October 2018			
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS (expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>			\$121.00
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS cschmidt@barrassousdin.com	
19. SIGNATURE /s/Cindy Schmidt				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 10/22/2018					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER	
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		

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